

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000201

STATE FILE NUMBER

Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 7

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 4 1963

1. PLACE OF DEATH

a. COUNTY

Benton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

WARSAW

Length of stay in 1b

years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

Benton

admission)

c. CITY

OR TOWN

WARSAW

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

BERNARD MONROE Smith

4. DATE OF DEATH

Month

Day

Year

Jan 29 1963

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Mar 17, 1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Cooper Co, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Richard Smith

13b. MOTHER'S MAIDEN NAME

ANNIE BALSWIN

14. NAME OF HUSBAND OR WIFE

Mary C. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary C. Smith

Address

Warsaw, Mo

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MEDULLARY FAILURE

INTERVAL BETWEEN ONSET AND DEATH

2 DAYS

DUE TO (b)

MULTIPLE MYELOMA

3 YRS.

DUE TO (c)

NORMOCYTIC, MYELOPHTHISIC ANAEMIA

3 YRS.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

s.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JULY, 10, 1961 to JAN., 29, 1963 last saw her him alive on JAN., 28, 1963
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Guischall, D.D.

22b. ADDRESS

WARSAW, MO.

22c. DATE SIGNED

1-31-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb 1, 1963

23c. NAME OF CEMETERY OR CREMATORY

Riverside Cemetery

23d. LOCATION (City, town, or county)

Warsaw Benton Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

John J. Reser Warsaw

25. DATE RECD. BY LOCAL REG.

Feb 1-1963

26. REGISTRAR'S SIGNATURE

Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

0080

0080

3

4 0

5 1

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9 203X

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11

12 90-2

13 1-0

RECEIVED FEB 1 1988

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.